

Medical, nursing and accounting – World News

Publication Date 21 April 2012

retired exemption from payment for drugs, considered by some as unfair in the case of higher pensions, leaps into the air. The Government has used the [plan to cut health care costs](#) at 7,000 million additional to the current mess. The new model maintains the division between active and retired, but provides some progressivity to establish four sections in each: free (not free), small (less than the limit admitted to state income tax), normal and high (for those who declare income above 100,000 euros, an arbitrary limit that seems a gesture of the Minister of Health, Ana Mato, not to snub the Economy Luis de Guindos). There are only as were the chronically ill, but will have to reevaluate all pensioners, to see those who enter it, because until now it was not necessary because they did not pay.

What you can not argue the system is that it is a revolution in their approach. Because, for the first time, data from the health cards will come across some of the best kept: the income of the tax.

is not, as some critics have said, that users have to go to the office with the tax return under his arm. That will handle the administration. But this operation, defined by Mato with a simple “information sharing” has many technical and legal implications. This is combining two of the most protected information by Spanish law: the health and fiscal policy. A model whose complexity and government sources acknowledge that there is in any other country in those with similar health systems. In all there are drug copayment (as I had in Spain), but none in terms of income.

That doctor knows about the finances of patient privacy concerns

Artemi Rallo, former director of the [Spanish Agency for Data Protection](#) (AEPD), considers “The transfer of State to the regions of fiscal data for incorporation into the health card or electronic prescribing for the community official or pharmacist to see requires legal protection no longer exists.” And the agency itself admits that it is already studying, as acknowledged by a spokesman. “The AEPD is considering this issue, mainly in relation to those matters as potential transfers of data, which could affect the data protection legislation,” he says. “Whether it is feasible, and if it hits or not the data protection regulations, we can state that the alignment of the data protection system reform and the transfer of data depends on the coverage you have that legal reform.”

Ricardo de Lorenzo, president of the Spanish Association of Health Law, believes that this system will not be difficult to adapt to operators in the health field because the management of data that are used is related to health, which the Act Protection Organic Personal Data 1999 “are considered particularly safe.” However, the issue is complicated because “further economic data will be incorporated into these cards are classified as basic, but are considered by the AEPD as special consideration for being the cause of their misuse the reason for most of claims “.

this fit no problems concern the Ministry of Health, whose spokesmen say he is “very advanced”. Among those who consider that data matching is possible is Javier Moreno, CEO of Asjsa Letramed, a law firm specializing in health issues. “In this case it is the coordination between different local authorities, state and communities, through the Ministry of Finance and regional health services, in order to ensure the sustainability of our national health system and, through it , to cover the constitutional right to health protection, “he says to frame the problem.

The key is health card with a chip that incorporates data

But he does not consider exceptional or particularly difficult. “The question before us is not alien to the normal functioning of the administrative activity and is expected not only in health, as intended now, but in other policies such as the educational,” he adds. At issue is that someone who so far did not handle that information, doctor, pharmacist, nurse, ‘you have, albeit general, data on the economic capacity of each. Or at least, about what the IRS said. “Another aspect to consider, says Moreno, is the possible infringement of the privacy of patients.”

In his opinion, the solution is in the Organic Law on Data Protection, “allowing the transfer of data without consent of the person if the disclosure comes protected by a law, and imposes on all those involved in the treatment personal data of an obligation of professional secrecy with regard to them.” The solution “would be a standard range of legislation that would give legal cover to the knowledge that doctors and pharmacists may have tax data of the patients.” And this must be because “now they are the data required for the function of care and pharmaceutical services.” Of course, in no case be forgotten “the duty of these professionals to maintain the secrecy of the information they hold.”

result of the change is that from now on, financial reporting becomes necessary to run pharmaceutical services. And so Moreno believes that “knowledge of tax data by physicians and pharmacists to adjust the recipes could be understood needed to protect a constitutionally protected: support the equitable distribution of public expenditure in health policy that is concerned. “

- **copay.** is a measure star, but the least will bring savings. According to Health Minister Ana Mato, “between 1% and 1.5%” of drug costs. This represents between 110 and 165 million euros.

- **pharmaceutical spending.**

will bear the bulk of the savings to reach 7,000 million. In total, some 3,500 million. Mato said, without explaining, stick with generics and a system of “selected price” of drugs. This looks set to be a negotiation of the low-and dog-face with the laboratories, armed with the strength of that in Andalusia were willing to make great savings when they reported for the auction.

- **Aliens.**

Mato said that foreigners will be required more than the census for attention. This will change the law. They will be required “tax residence”. This is where you reside more than 183 days in the country (six months). In addition, require reciprocity to the other countries of origin. This will recover 1,000 million. Central

- **cart.**

is generalized to all communities and all products. 1,000 million is expected to save at least.

- **Human Resources.** The equation of the professional categories between communities will facilitate the free movement of professionals, now hampered by the problem to be recognized when you do not live because there is no category accurate. Save 500 million.

- **socio Policy.**

Carry chronically ill people who now occupy hospital beds traditional specialized residences provide 600 million.

Solved the first hurdle of whether the State is entitled to handle the tax information to provide health care, is the technical. And this is not a constraint lower in a system such as health, which takes 10 years to get the 17 autonomous communities organize a system whereby the basic data, medical history, anywhere in Spain, but it is still possible in some cases even within the same community.

Mato

admitted herself when she said she would have liked to have more legs in the co-payment, but was unable to get “technical issues” because the computerized system, the famous e-health, was not implemented equally in all communities. To counsel De Lorenzo this is key: “Having or not electronic health card will facilitate the management and may establish the elements of data protection that are accurate,” he says. And gives an example: “When you use the bank’s credit card at any store, that does not presuppose that the pass card information to the merchant.” “Ultimately, when available electronic board with chips that include personal data, ensuring data protection can be constructed without difficulty, as already exists in the electronic ID card,” he concludes.

not be denied is that health, with the implementation of this new co-payment, has decided to be innovative. Not only for its legal and technical complexity, which may explain its low tax capacity, which amounted Mato “1% or 1.5% of drug expenditures [165 million euros at most].” But because no one had done so before. It is true that in many European countries is no copayment, but nobody had faced anything as complex as linking it to income, as a study of IESE, which collects data from 16 European countries. In all there are pharmacy copayment, including Spain, but none is based on income.

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The French system, for example, is quite different from Spanish. It is based on co-payments and forces users to take out private insurance if they want to recover 100% of the money they have. In general, patients pay 30% of the cost of all medical consultations, and the remaining 70% refund of Social Security. But most have a private mutual health that reimburses 30% or only one, according to the insurance contract.

system, despite its semi-private, is a gaping hole for public finances: the deficit of the French Social Security was 17,400 million euros in 2011, and 2012 expected to reduce up to 13,900 million.

Germany, meanwhile, established the copayment for eight years. All persons with health insurance, approximately 88% of the population, must pay a \$ 10 quarterly fee for office visits. Lawmakers believed that the payment of 10 euros, people only visit the doctor when necessary and not, as was the custom especially among members of the so-called third age, to find companionship and conversation in doctors. There has been, and attendance rate is higher than the Spanish, the latest OECD data.

In principle, prescribed drugs are subject to a copayment amounts to 10%, but with a minimum of 5 euros and a maximum of 10 euros. In any case, the doctor and drug co-payment should never exceed 2% of annual gross income of the patient, a percentage that drops to 1% for the chronically

ill.

-emergency and other medical consultations, rose in January in Portugal. A normal query has risen from 2.5 euros to 5 euros and a simple cure for a nurse, who until this year went free, now costs 4 euros. Emergencies have increased from 10 to 20 euros. Drugs are also collected, but not in terms of income. The Portuguese health system distinguishes four levels of discount depending on the type of drug and the disease.

In the UK, to take a different system, each recipe is usually supplied the required dose of a drug for three months and costs the equivalent to 8.3 euros. The chronically ill can get unlimited prescriptions per quarter for 35 euros or 126 euros per year.

could be followed with similar examples. But that is what has made Spanish a reference system: its ability to innovate. So, you stuck in the complication of the system, be proud that as transplants or other benefits in the future others will copy.

With Miguel Mora (Paris), Walter Oppenheimer (London), Enrique Müller (Berlin) and Antonio Jimenez **Barca** (Lisbon).